

Acute-on-chronic breathlessness: recognition and response

Letter in response to Lovell 2018

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Lovell et al are to be commended for their description of the widespread effects of breathlessness within the construct 'total breathlessness'.⁽¹⁾ Despite the large body of evidence on the experience of people living with chronic breathlessness, clinicians still struggle with its recognition and assessment. Even when recognised, the symptom is undertreated ⁽²⁾ and is experienced by people over many years ⁽³⁻⁵⁾ and is associated with repeated unplanned presentations to health services.⁽⁶⁾

In our prospective observational study of 1,212 patients presenting to the emergency department (ED) by ambulance ⁽⁵⁾, 20% presented due to acute-on-chronic breathlessness (acute worsening of chronic breathlessness). The concept of acute-on-chronic breathlessness builds on the definition of chronic breathlessness syndrome ⁽⁷⁾ and mirrors concepts of disease (acute-on-chronic renal failure) or symptoms (acute-on-chronic pain). Acute-on-chronic breathlessness is a construct beyond the 'dyspnea crisis' which is limited in its definition to late-stage disease ⁽⁸⁾ and encompasses all forms of episodic breathlessness, triggered or untriggered.⁽⁹⁾

In our ED study, one third of people with acute-on-chronic breathlessness were discharged home but without evidence of a plan to manage the ongoing chronic breathlessness. Unless clinicians (in any setting) recognise *both* the acute and chronic aspects of acute-on-chronic breathlessness the life-experience of chronic

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breathlessness remains invisible, denies the patient access to evidence-based interventions (10, 11) and misses opportunities to lessen the likelihood of re-presentations.(6)

Community clinicians struggle with how to identify, assess and manage chronic breathlessness. There are now useful frameworks to guide clinicians' assessment (12) and management.(13) As described in the Breathing Space concept (14), the clinician plays a pivotal role in recognising background chronic breathlessness – a step often overlooked.

Defining chronic breathlessness syndrome (7) has been an important first step. There is a new imperative: if a patient presents with acute breathlessness, there is now a responsibility for clinicians to determine whether this is an isolated episode of acute breathlessness or a presentation of acute-on-chronic breathlessness.

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